

Connecticut BHP Quality Access and Policy Subcommittee

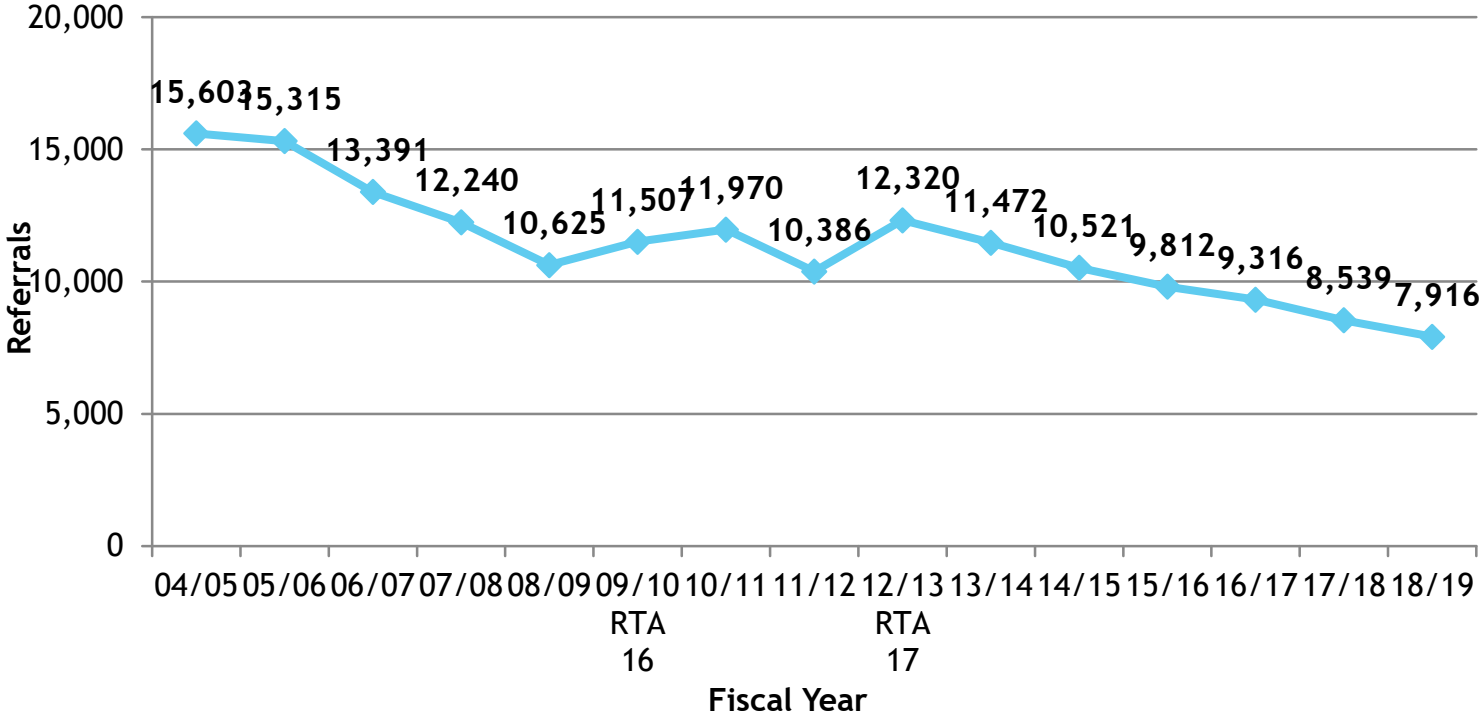
CT Judicial Branch Court Support Services Division

December 18, 2019

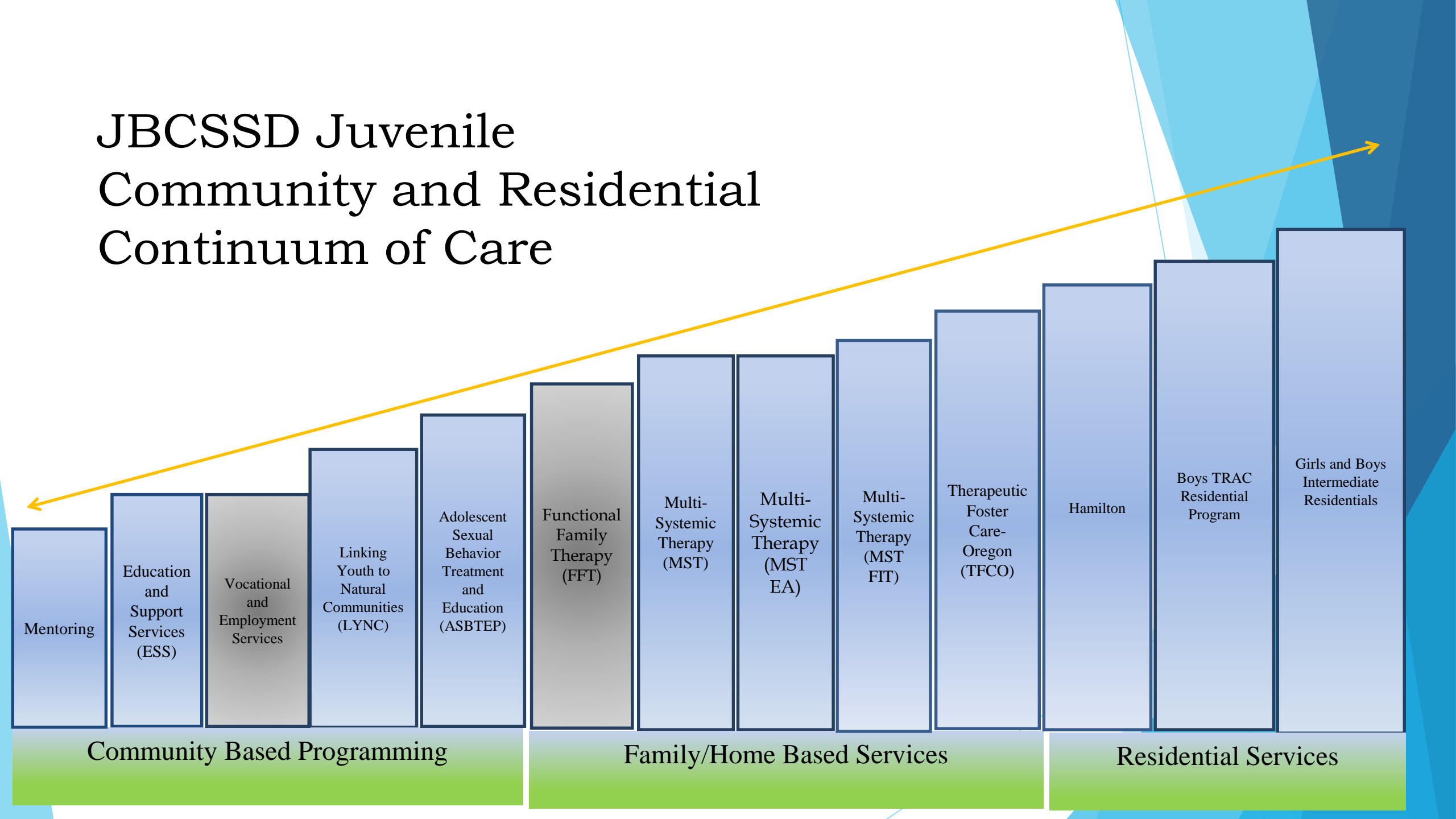
Agenda

- ▶ **Introductions & Overview**
 - ▶ 5 minutes
 - ▶ **Contracted Programs**
 - ▶ 10 minutes
 - ▶ **Clinical Services**
 - ▶ 10 minutes
 - ▶ **REGIONS Programs**
 - ▶ 10 minutes
 - ▶ **Open Discussion**
 - ▶ 25 minutes
- ▶ All
 - ▶ John Torello
 - ▶ Tracy Duran
 - ▶ Patricia Nunez
 - ▶ All

Delinquency Referrals to Juvenile Court FY 2005-19



JBCSSD Juvenile Community and Residential Continuum of Care



Court Clinic program

- ▶ Licensed clinical professionals stationed in juvenile courts
- ▶ Clinical Coordinators are separate and distinct from CSSD Probation and Detention
- ▶ Independent clinical advisor to the Court
- ▶ Responsible for conducting forensic evaluations, emergency consults, and testimony as requested
- ▶ **By agreement or court order only!**
- ▶ Reports are forensic in nature! (not necessarily clinical)

Court Clinic - Continuous Quality Improvement (CQI) Process

- Quarterly review of evaluations.** Audit forms are scored and feedback provided directly to Clinical Coordinator.
- Forensic clinical psychologists** available for consultation on complex cases
- Training** needs informed by outcomes of CQI review.

Court Clinic Forensic Clinical Assessment REGIONS Consult

-July 1, 2018 Clinical Coordinators provide an *opinion* to the Court on the need for **staff-secure** or **secure residential treatment**.

-**Assessment:** Forensic Clinical Assessment, Violence Risk Assessment (SAVRY) and weighing 5 additional factors to determine security level.

1-History of violence;

2-Public safety risk (future violence);

3-History of unauthorized absences (i.e. AWOL);

4-History of poor compliance or no progress made in least restrictive settings/interventions; 5-treatment amenability.

-**Formulation:** Emerging from the SAVRY assessment including a listing of critical factors (primary drivers) and protective factors (strengths) and a narrative discussion of how they have come to contribute to violence potential.

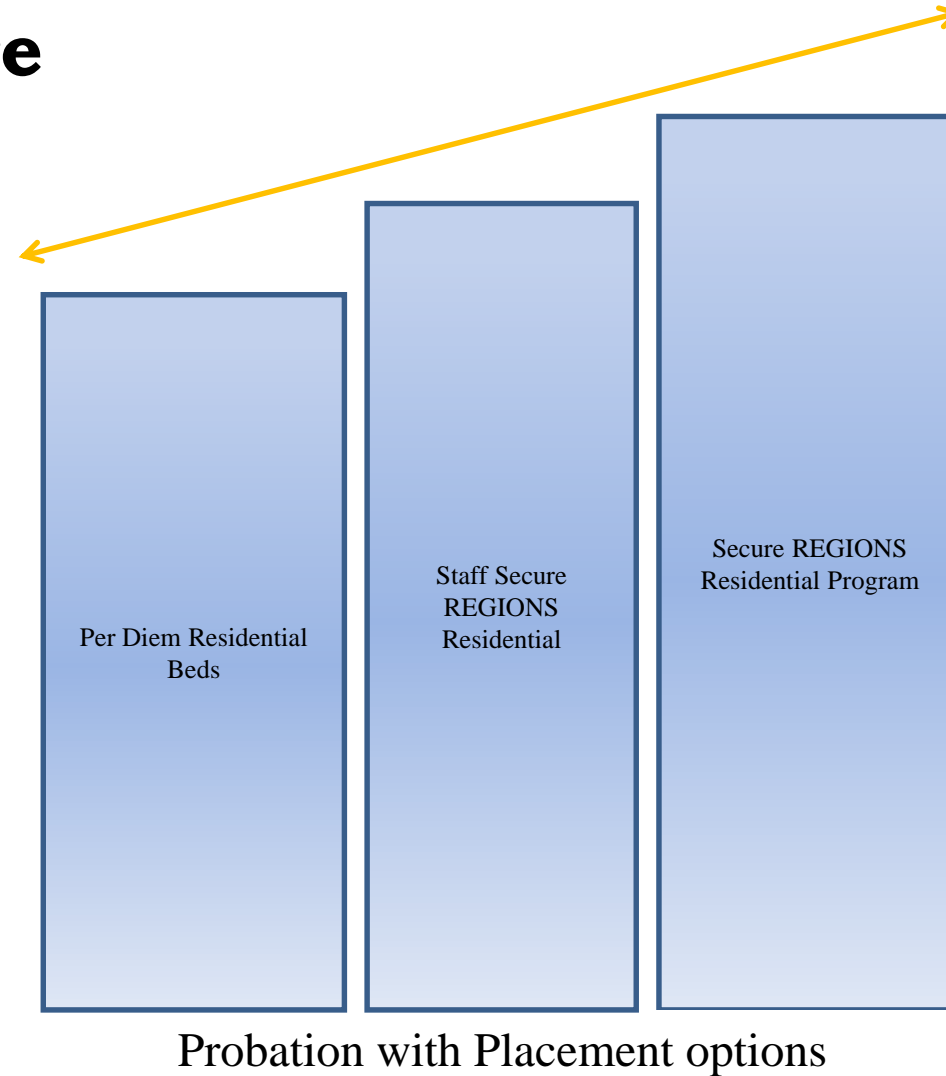
-Requires formal adjudication or Statement of Responsibility, updated PrediCT, police reports, all relevant collateral information, and PDS completed concurrently.

-Report submitted within 15 business days from receipt of order.

Probation Supervision with Residential Placement Consults by Court and Recommendations July 1, 2018-September 30, 2019

Court	Secure	Staff-Secure	Out of home placement	Community	Pending	Grand Total
Bridgeport	5	12	0	2	3	22
Hartford	10	5	1	2	2	20
Middletown	3	1	0	0	0	4
New Britain	6	5	0	0	1	12
New Haven	15	11	1	5	2	34
Rockville	0	4	0	0	0	4
Stamford	4	2	2	0	0	8
Torrington	0	0	0	0	0	0
Waterbury	15	7	0	1	2	25
Waterford	4	0	2	1	2	9
Willimantic	1	0	0	0	0	1
Grand Total	63	47	6	11	12	139

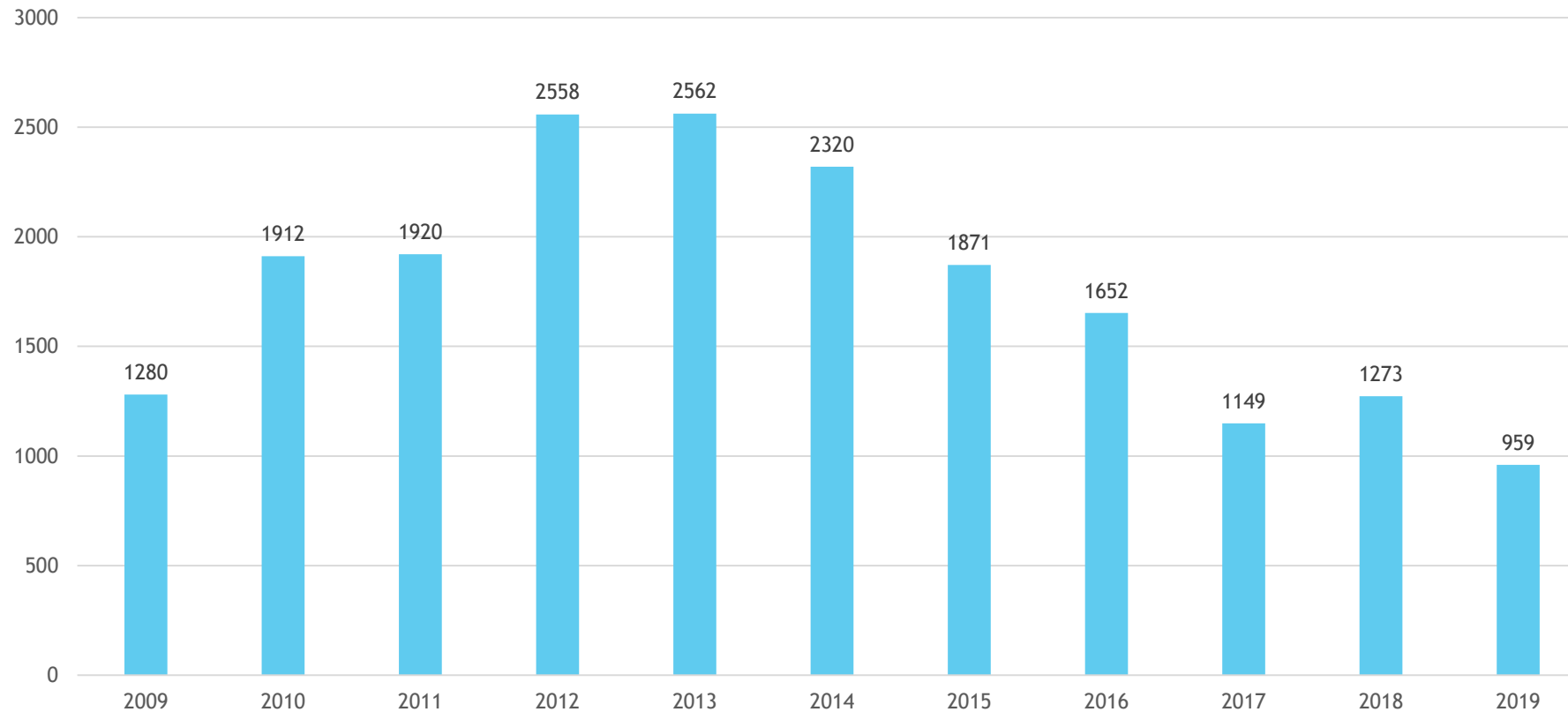
JBCSSD Juvenile Residential Continuum of Care



Residential Gatekeeper Role

- Reviews assessment and collateral information to determine the appropriate program match for each juvenile based on the recommended level of care, level of security, and specific treatment needs.
- Assists with admission by ensuring all necessary collateral information is provided to the program.
- Liaison between Juvenile Court and service provider.

Number of Detention Admissions by Year



Pre-Trial Detention Mental Health Services

- Contracted provider is Yale Behavioral Health
- Includes: Licensed Program Director, Licensed Psychiatrist and Psychiatric APRN, Licensed Psychologist, and Licensed Clinical Social Workers
- Provides on-site mental health intake and assessment, suicide safety assessment and planning - Columbia Suicide Severity Rating Scale (CSSRS) crisis intervention, special needs communication plans, Motivational Intervention Cognitive Behavioral Therapy (MICBT), referrals for inpatient hospitalization and/or PECs, consultation to detention staff, 24 hour on-call coverage, medication management, psychiatric consultation
- Compliance with National Commission on Correctional Health Care (NCCHC) standards

REGIONS Secure and Staff-Secure Programs

- Re-Entry, Goal-oriented, Individualized, Opportunity to Nurture Success (REGIONS)
 - Goal is to reduce recidivism risk
 - 3 to 6 month length of stay dependent upon attainment of treatment goals
 - Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV)
 - Positive Youth Development approach
 - Trauma-informed, therapeutic & nurturing environment
 - Supportive & collaborative learning environment (youth voice)
 - Build skills to self-regulate, cultivate prosocial thinking, and develop healthy and supportive relationships with adults and peers
 - Address overall well-being to ready youth to step down to REGIONS – Staff Secure, Specialized Per Diem Residential or transition to community

REGIONS Programming

- Programming designed to address risks factors that lead to delinquency using research-based curricula and cognitive-behavioral therapies to address PREDICT domains:
 - Mental health (DBT)
 - Substance use (DBT)
 - Anti-sociality (Risks & Decisions, DBT)
 - Family distress (parenting, needs & supports, MST-FIT)
 - Academic disengagement (Child Find, Credit Recovery, Education Support Services, Vocational)
- Recreation (positive youth development: identifying strengths, building skills, developing leadership; exercise, leisure, music, arts, cooking, etc.)
- Behavior Motivation (incentives & sanctions, restorative practices)

Dialectical Behavior Therapy (DBT)

- 24 hour/ day milieu and support
- Validation, Behaviorism, and Coaching by trained staff
- Skills building group curricula
- Individual and family therapy
- Egregious Behavior Protocol (EBP)
- Youth and Family Voice – expanded definition of family
- Weekly, facility-based DBT Implementation Team meeting
- Weekly, facility-based Staff Education and Support (SES) meeting
- Weekly, facility-based Consultation Team meeting
- Bi-monthly, DBT Leadership Team meeting

Continuous Quality Improvement (CQI) process for REGIONS

- Weekly Clinical and Triage meetings
- Monthly Clinical auditing process
- Monthly facility-based CQI meetings
- Monthly consultation with START:AV author (scoring, case conceptualization)
- Quarterly Central CQI meetings
- Annual Clinical Performance Enhancement process

Future Endeavors

- ▶ Functional Family Therapy (FFT)
- ▶ Multi-Systemic Therapy - Family Integrated Therapy (MST-FIT)
- ▶ Vocational Services
- ▶ Implementation of Suspended Prosecution for Motor Vehicle Theft charges in Linking Youth in their Natural Communities (LYNC) program
- ▶ MOA with DHMAS
- ▶ Process and Outcome Evaluation of new JJ System
- ▶ Assessing Juvenile Continuum of Care